

# Livingston County Special Services Unit

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STUDENT NAME: \_\_\_\_\_

DATE OF MEETING: \_\_\_\_\_

## PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Complete for initial IEPs and annual reviews.

When completing this page, include all areas from the following list that are impacted by the student's disability: academic performance, social/emotional status, independent functioning, vocational, motor skills, and speech and language/communication. This may include strengths/weaknesses identified in the most recent evaluation.

Student's Strengths

Parental Educational Concerns

Student's Present Level of Academic Achievement (include strengths and areas needing improvement)

Student's Present Levels of Functional Performance (include strengths and areas needing improvement)

Describe the effect of this individual's disability on involvement and progress in the general education curriculum and the functional implications of the student's skills.

\* For a preschool child, describe the effect of this individual's disability on involvement in appropriate activities.

\* By age 14 ½, describe the effect of this individual's disability on the pursuit of post-secondary expectations (living, learning, and working).